09272

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY in this place 14 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS John B. Parson Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) Lemon Hill

3. NAME OF DECEASED (Type or Print): (First) Annie (Middle) (Last) Bassett

4. DATE OF DEATH: (Month) 9 (Day) 16 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: March 29, 1870

9. AGE last birthday: 81 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Esura Davis

14. MOTHER'S MAIDEN NAME: Ellen Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs Parker Salisbury

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerotic Heart Disease — 2 mo

420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

93d (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1951, to 9/16, 1951, that I last saw the deceased alive on 9/14, 1951, and that death occurred at 12:30 P m., from the causes and on the date stated above.

SIGNATURE: Fred R. Grannis (Degree or title) M.D. ADDRESS: Salisbury Md DATE SIGNED: 9/17/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 9/19/51 — NAME OF CEMETERY OR CREMATORY: Bowen Cemetery — LOCATION (City, town, or county) (State): Newark Md.

DATE REC'D BY LOCAL REG. 9-18-51 — REGISTRAR'S SIGNATURE: Mary W. Holloway

24. FUNERAL DIRECTOR: The Hill & Johnson Co — ADDRESS: Salisbury

George C Hill II

RECEIVED
SEP 20 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09273

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Wycomico — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury — LENGTH OF STAY (in this place): 10 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Peninsula Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Wico.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hebron
STREET ADDRESS (If rural, give location): Main Street

3. NAME OF DECEASED (Type or Print): (First) GEORGE (Middle) CLIFTON (Last) BOUNDS

4. DATE OF DEATH: (Month) 9 (Day) 26 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Apr. 3 1876

9. AGE last birthday: 75 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED

10b. KIND OF BUSINESS OR INDUSTRY: Farmer

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Geo. G. Bounds

14. MOTHER'S MAIDEN NAME: Alberta Longsdale

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs George Bounds Hebron.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval between onset and death: 30 hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio sclerotic Heart Disease — 420.0 — 93d

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/26, 1951, to 9/26, 1951, that I last saw the deceased alive on 9/26 1951, and that death occurred at 11:55 P m., from the causes and on the date stated above.

SIGNATURE: Fred R. Grause (Degree or title) M.D. ADDRESS: Salisbury, Md. DATE SIGNED: 9/27/51

23. BURIAL, CREMATION OR REMOVAL (Specify): Burial | DATE THEREOF: 9/29/51 | NAME OF CEMETERY OR CREMATORY: H. Phipps Cemetery | LOCATION (City, town, or county): Quantico (State): Md.

DATE REC'D BY LOCAL REG.: 9-29-51 | REGISTRAR'S SIGNATURE: Mary W. Holloway

24. FUNERAL DIRECTOR: The Hoy & Johnson Co. ADDRESS: Bourse C. Hebron

VS. A-5

RECEIVED
OCT 1 1951
BUREAU V. S.

09274

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Wicomico; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury; LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Worcester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ocean City; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) James; (Middle); (Last) Casper

4. DATE OF DEATH: (Month) (Day) (Year) September 6 1951

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Oct. 8, 1902

9. AGE last birthday: 49 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): fisherman

10b. KIND OF BUSINESS OR INDUSTRY: ocean fishing

11. BIRTHPLACE (State or foreign country): Baltimore

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Jacob Casper

14. MOTHER'S MAIDEN NAME: Josephine Silver

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Mrs. James Casper, Ocean City, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Artery Occlusion — 5 days

420.1 92a

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis, Coronary Artery — 5 months

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Myocardial Insufficiency; Aortic Stenosis — Symptoms 5 months

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/4, 1951, to 9/6, 1951, that I last saw the deceased alive on 9/6, 1951, and that death occurred at 11:30 p.m., from the causes and on the date stated above.

SIGNATURE: Edward Ketcham M.D. (Degree or title) ADDRESS: Salisbury Md. DATE SIGNED: Sept. 12, 1951

23. BURIAL, CREMATION REMOVAL (Specify): burial; DATE THEREOF: 9/11/51; NAME OF CEMETERY OR CREMATORY: Evergreen; LOCATION (City, town, or county) (State): Berlin, Maryland

DATE REC'D BY LOCAL REG. 9-13-51; REGISTRAR'S SIGNATURE: Mary W. Holloway

24. FUNERAL DIRECTOR: Anna A. Burbage; ADDRESS: Berlin, Md. 10026

RECEIVED
SEP 17 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

09275

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Wicomico Co. | STATE MARYLAND | LENGTH OF STAY (In this place)
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (NAME) OF DECEASED: STATE Md. | COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke City Md Rural
STREET ADDRESS (If rural, give location) R.D. #3

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Collins (Last)

4. DATE OF DEATH: (Month) Sept (Day) 2 (Year) 1951

5. SEX: M | 6. COLOR OR RACE: C | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single | 8. DATE OF BIRTH: May 8-1946 | 9. AGE last birthday: 5 yrs. | If under 1 year: Months 3 Days 24 | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child | 10b. KIND OF BUSINESS OR INDUSTRY: at home | 11. BIRTHPLACE (State or foreign country): Virginia | 12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Edward Collins | 14. MOTHER'S MAIDEN NAME: Ellen Bellamy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. (INFORMANT AND ADDRESS): Edward Collins Pocomoke City Md R.D. #3

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Probable Acute Alcoholism

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Contusion of Head & Injuries sustained by Accident

(c)

INTERVAL BETWEEN ONSET AND DEATH: 1 hr.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH | PLACE (Home, farm, factory, street, office bldg., etc.): Home | (CITY OR TOWN) Pocomoke City | (COUNTY) Worcester | (STATE) Md

TIME OF INJURY: (Day) Sept 1st (Year) 1951 (Hour) 9 a.m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR? Drank too much alcohol

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Dr. H. E. Astorino | (Degree or title) | ADDRESS: Pocomoke City Md | DATE SIGNED: 9/2/51

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF: 9-4-51 | NAME OF CEMETERY OR CREMATORY: Mt. Hope Cemetery | LOCATION (City, town, or county): Stockton RR (State) Md.

DATE REC'D BY LOCAL REG.: 9-6-51 | REGISTRAR'S SIGNATURE: Mary W. Holloway | 24. FUNERAL DIRECTOR: Henry A. Watson | ADDRESS: Pocomoke Md

VS-A15A

RECEIVED
SEP 10 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

09276

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury | LENGTH OF STAY (in this place) 11 mos. 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Deer's Head State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Queen Anne.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Midlington
STREET ADDRESS (If rural, give location) ✓

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Walter (Last) Cook
4. DATE OF DEATH: (Month) 9 (Day) 19 (Year) 1951

5. SEX: male | 6. COLOR OR RACE: Colored | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single | 8. DATE OF BIRTH: 1895 | 9. AGE last birthday: 56 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): unk. | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): Pennsylvania | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wm Cook | 14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS: Hospital record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion: — 24 hrs.

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis - C - V - D. — 2 y

30c (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Central Nervous System Syphilis. — 4 y

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-1-51, 19..... to 9-19-51, 19....., that I last saw the deceased alive on 9-18-51, 19....., and that death occurred at 11:20 m., from the causes and on the date stated above.

SIGNATURE Robert Stone MD (Degree or title) ADDRESS Salisbury Md. DATE SIGNED 9-19-51

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 9-22-51 | NAME OF CEMETERY OR CREMATORY Hawdon Cem | LOCATION (City, town, or county) (State) Salisbury Md

DATE REC'D BY LOCAL REG 9-20-51 | REGISTRAR'S SIGNATURE Mary W. Holloway | 24. FUNERAL DIRECTOR ADDRESS Bafford W Cook

VS. A-15

RECEIVED
SEP 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Wicomico — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury, Md. — LENGTH OF STAY (In this place) 9 HRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND — COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne
STREET ADDRESS (If rural, give location) Hampden Ave.

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Curtis (Last) Cooper
4. DATE OF DEATH: (Month) Sept. (Day) 26 (Year) 1951
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: June 21, 1928
9. AGE last birthday: 23 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Asst. Foreman Feed Mill
10b. KIND OF BUSINESS OR INDUSTRY: Feed Mill
11. BIRTHPLACE (State or foreign country): ALABAMA
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Bush Cooper
14. MOTHER'S MAIDEN NAME: Mary Jane Cooper
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 410-20-7007
17. INFORMANT: Mrs. Charles Long - Pikesville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Fractured Skull	9 Hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

91 176

HENRY M. LANKFORD, M.D.
Deputy Medical Examiner
for Somerset County

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None — 19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) Factory — (CITY OR TOWN) Princess Anne — (COUNTY) Somerset — (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) Sept. 26, 1951 9:15 A.m. — INJURY OCCURRED While at work ☒ Not while at work ☐ — HOW DID INJURY OCCUR? Struck by setting-bar of machine

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Henry M. Lankford (Degree or title) M.D. — ADDRESS Princess Anne, Md. — DATE SIGNED Sept. 27, 1951

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF Sept 29 1951 — NAME OF CEMETERY OR CREMATORY St. Andrew Cemetery — LOCATION (City, town, or county) Princess Anne — (State)

DATE REC'D BY LOCAL REG. 9-30-51 — REGISTRAR'S SIGNATURE Mary W. Holloway — 24. FUNERAL DIRECTOR Lewis R. Watson — ADDRESS Princess Anne, Md.

VS. A15A

Dr. Brame

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 1 yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS 103. E Church St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) 514. Fairmount St.

3. NAME OF DECEASED (Type or Print): (First) Rilla (Middle) Estelle (Last) Couch
4. DATE OF DEATH: (Month) Sept. (Day) 23 (Year) 57

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: March 5-
9. AGE last birthday: 66 yrs.
If under 1 year: Months
If under 1 year: Days
If under 24 hrs.: Hours
If under 24 hrs.: Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Wicomico Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: [illegible]
14. MOTHER'S MAIDEN NAME: Helena [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT AND ADDRESS: [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — 514. Fairmount St. Salisbury Md.

Immediate cause (a) Arteriosclerosis & Hypertension

447X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
97
(b)
(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1947, 19..... to 9/23, 1957, that I last saw the deceased alive on 9/23/57, 19..... and that death occurred at 1314 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Lloyd A. Brame M.D. Salisbury, Md. 9/24/57

23. BURIAL, CREMATION, REMOVAL (Specify)
DATE THEREOF 9-26-57
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State)
Parsons Funeral Home Salisbury Md.

DATE REC'D BY LOCAL REG. 9-26-57
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR
ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Wicomico; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury; MARYLAND; LENGTH OF STAY (In this place) 30 minutes; HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Wicomico; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury; STREET ADDRESS (If rural, give location) 226 Locust Terrace

3. NAME OF DECEASED (Type or Print): (First) RUTH (Middle) ARLENE (Last) CRUMBACKER

4. DATE OF DEATH: (Month) Sept. (Day) 20 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 5/24/1901

9. AGE last birthday: 50 yrs. If under 1 year: Months / Days; If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Cora Stower

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or uokoowo): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 216-14-2386

17. INFORMANT AND ADDRESS: Mr. John Crumbacker; Salisbury, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Fractured skull and brain injury	1 hour
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Compound fracture of right tibia and fibula; multiple fractured ribs - right;	1 hour
	(c) with hemothorax - right.	

2/16.5
1700

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Highway; (CITY OR TOWN): Blades; (COUNTY); (STATE): Del.

TIME OF INJURY (Month) 9 (Day) 20 (Year) 51 (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☒ | HOW DID INJURY OCCUR? Head-on automobile collision

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ___, accident X, suicide ___, homicide ___, undetermined ___.*

SIGNATURE, (Degree or title) ADDRESS: Salisbury, Md. DATE SIGNED: 9/20/51

Lawrence Uber M.D. Deputy Medical Examiner; 50 N. Division St.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 9/22/51 | NAME OF CEMETERY OR CREMATORY: Wicomico Memorial Park | LOCATION (City, town, or county) (State): Salisbury-Wicomico-Md.

DATE REC'D BY LOCAL REG. 9-22-51 | REGISTRAR'S SIGNATURE: Mary M. Holloway | 24. FUNERAL DIRECTOR: Jno Hill & Johnson Co ADDRESS: Salisbury

George C. Hill II

VS. A15A

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 232

1. PLACE OF DEATH: COUNTY [illegible] MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS [illegible]

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE [illegible] COUNTY [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
STREET ADDRESS [illegible] (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) [illegible] (Middle) [illegible] (Last) [illegible]
4. DATE OF DEATH: (Month) [illegible] (Day) 11 (Year) 51

5. SEX: MALE
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: 3-7-5-
9. AGE last birthday: 54 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country)
12. CITIZEN OF WHAT COUNTRY? A.

13. FATHER'S NAME [illegible]
14. MOTHER'S MAIDEN NAME [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Rheumatic Heart Disease — Interval Between Onset and Death: 15 yrs.

41CX Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

2851 (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-8-51, to 1-17-51, that I last saw the deceased alive on 1-17-51, and that death occurred at 1:05 P m., from the causes and on the date stated above.

SIGNATURE Lee L Lowry M.D. (Degree or title) ADDRESS Fruitland DATE SIGNED 9.20.51

23. BURIAL, CREMATION, REMOVAL (Specify)
DATE THEREOF 1-23-51
NAME OF CEMETERY OR CREMATORY [illegible]
LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. 1-24-51
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR [illegible] ADDRESS [illegible]

RECEIVED
SEP 28 1951
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico; STATE MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury; LENGTH OF STAY (in this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury; STREET ADDRESS (If rural, give location) 1 Spruce Ave. Md

3. NAME OF DECEASED (Type or Print): (First) Grant; (Middle); (Last) Dashields

4. DATE OF DEATH: (Month) September; (Day) 8; (Year) 1951

5. SEX: male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 7-9-1886

9. AGE last birthday: 65 yrs.; If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer owner

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): [illegible]

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Grant Dashields

14. MOTHER'S MAIDEN NAME: Sarah [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 578-01-4710

17. INFORMANT AND ADDRESS: [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Massive, uncontrollable gastric hemorrhage — Interval Between Onset and Death: 48 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic peptic ulcer — 540.0 — 117a

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Thickened adhesions or lower ileum

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.); (CITY OR TOWN); (COUNTY); (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-7, 1951 to 9-8, 1951 that I last saw the deceased alive on 9-7, 1951 and that death occurred at 2:40 A m., from the causes and on the date stated above.

SIGNATURE: A. Neville (Degree or title) MD ADDRESS: 504 N. Division St. DATE SIGNED: 9-8-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 9-12-51

NAME OF CEMETERY OR CREMATORY: Family Cem

LOCATION (City, town, or county) (State): White Haven Md

DATE REC'D BY LOCAL REG.: 9-10-51

REGISTRAR'S SIGNATURE: Mary W. Holloway

24. FUNERAL DIRECTOR: Brooks McNeal ADDRESS: Salisbury Md

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (In this place) 5 mos 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Deer's Head State Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
STREET ADDRESS (If rural, give location) 311 Chesapeake Ave.

3. NAME OF DECEASED (Type or Print): (First) Oliver (Middle) Augustus (Last) Denny

4. DATE OF DEATH: (Month) Sept. (Day) 23 (Year) 1951

5. SEX: M

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: July 4 1871

9. AGE last birthday: 80 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): unknown

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Washington D.C

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Bryan Denny

14. MOTHER'S MAIDEN NAME: Gertrude Carden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Hospital Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Uremia — 6 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Arteriosclerosis, General — years
(c) Arteriosclerosis of the kidneys — years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Cardiovasc. Dis. — years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 4, 1951, to Sept. 23, 1951, that I last saw the deceased alive on Sept 23, 1951, and that death occurred at 8:40 P. m., from the causes and on the date stated above.

SIGNATURE: Carl C. Raas (Degree or title) M.D. ADDRESS: Deer's Head State Hosp, Salisbury, Md. DATE SIGNED: 9/23/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Sept 26/1951 — NAME OF CEMETERY OR CREMATORY: Salem Methodist Cemetery — LOCATION (City, town, or county): Pocomoke — (State): Md.

DATE REC'D BY LOCAL REG. 9-24-51 — REGISTRAR'S SIGNATURE: Mary W. Horsey — 24. FUNERAL DIRECTOR: Howard J. Covington — ADDRESS: Crisfield, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A35

SEP 28

Evidence for change of date of birth shown on Film G136 9/25/51 dm.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct ■ pecially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury md.; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Wicomico; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pittsville; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Mr. Charles (Middle) (Last) Eisenberger

4. DATE OF DEATH: (Month) Sept. (Day) 12 (Year) 51

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: Feb. 14 1877

9. AGE last birthday: 74 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Sales

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Michael Eisenberger

14. MOTHER'S MAIDEN NAME: Mary (Unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT, AND ADDRESS: Mrs. [illegible] Eisenberger (Wife)

18. MEDICAL CERTIFICATION — Pittsville Md.

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral vascular accident

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Benign prostatic hypertrophy [illegible] carcinoma

(c) Bladder; arteriosclerotic cardiovascular disease

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 16, 1951, to Sept. 11, 1951, that I last saw the deceased alive on Sept. 11, 1951, and that death occurred at 3:30 p.m., from the causes and on the date stated above.

SIGNATURE: William D. Stein Jr. (Degree or title) M.D. ADDRESS: Salisbury Md. DATE SIGNED: 9-11-51

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF: Sept 14 51 — NAME OF CEMETERY OR CREMATORY: Cedar Lawn Cem. — LOCATION (City, town, or county) (State): Salisbury Md.

DATE REC'D BY LOCAL REG. 9-12-51 — REGISTRAR'S SIGNATURE: Mary W. Halloway

24. FUNERAL DIRECTOR: H. W. Conway & Son — ADDRESS: Salisbury Md.

H. W. Conway

Item 14 FilmG135 9/18/51 ww

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-16

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico — Pittsville — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pittsville | LENGTH OF STAY (in this place): 40 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Delmare Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pittsville
STREET ADDRESS (If rural, give location): Delaware Ave.

3. NAME OF DECEASED (Type or Print): (First) Charlotte (Middle) Ellen (Last) Elliott
4. DATE OF DEATH: (Month) September (Day) 9th (Year) 1951

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed | 8. DATE OF BIRTH: July 16, 1864 | 9. AGE last birthday: 87 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Elizabeth Holloway
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Henry Holloway
14. MOTHER'S MAIDEN NAME: Lizzie Nallonay

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Mrs Lizzie Knox Pittsville Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocarditis Chronic — 3 yrs.

422.2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

92d (c) —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — | 19b. MAJOR FINDINGS OF OPERATION: — | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — | (CITY OR TOWN) — | (COUNTY) — | (STATE) —

TIME OF INJURY (Month) (Day) (Year) (Hour) — m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 1949, 19....., to day of death, 19....., that I last saw the deceased alive on 9-9, 1951, and that death occurred at 10:45 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Paul M. Timmons — ADDRESS: Willards Maryland — DATE SIGNED: 9-10-51.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Sept 11th | NAME OF CEMETERY OR CREMATORY: Parker's Cemetery | LOCATION (City, town, or county) (State): west of Pittsville, Md.

DATE REC'D BY LOCAL REG: 9-10-51 | REGISTRAR'S SIGNATURE: Mary M. Holloway | 24. FUNERAL DIRECTOR ADDRESS: Wm. Howard Wells Pittsville Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 444

1. PLACE OF DEATH
COUNTY Baltimore
MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 305 Bowley

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 305 Bowley Ave.

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Henry (Last) Wright
4. DATE OF DEATH (Month) July (Day) 23rd (Year) 1951

5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH 6-1873
9. AGE last birthday 78 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) U.S.A.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William H. Wright
14. MOTHER'S MAIDEN NAME Anna E. Wright

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Mrs. Wm. H. Wright

18. MEDICAL CERTIFICATION 345 Bowley Ave.

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary thrombosis

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

94n (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... 1945, to Sept 23, 1951, that I last saw the deceased alive on Sept 23, 1951, and that death occurred at 12:12 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Phillip Leslie Salisbury MD 9-25-51

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 9-26-51 NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. 9-26-51
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 117 Fitzwater

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Wic
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS 117 Fitzwater st. (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Isabelle (Last) Esham
4. DATE OF DEATH: (Month) Sept. (Day) 5 (Year) 51

5. SEX: female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: Oct. 14-1876
9. AGE last birthday: 74 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): private life
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): R.D. Salisbury Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John E. Feeney
14. MOTHER'S MAIDEN NAME: Sallie Madin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Mrs. Emmet Esham Salisbury Md

18. MEDICAL CERTIFICATION 117 Fitzwater st Salisbury Md

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Artery Occlusion — 1 hour

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Coronary Arteriosclerosis — 2 yrs
(c)

4/20.1
94a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Hypertension, Essential

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/1, 1951, to 9/5, 1951, that I last saw the deceased alive on 9/5, 1951, and that death occurred at 11:00 a.m. from the causes and on the date stated above.

SIGNATURE (Degree or title) Jno. D. ADDRESS Salisbury Md. DATE SIGNED Sept. 5, 1951

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF Sept. 8-51 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) — (State) Md

DATE REC'D BY LOCAL REG. 9-6-51 — REGISTRAR'S SIGNATURE Harold W. Holloway

24. FUNERAL DIRECTOR — ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0928

Reg. Dist. No. 232

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BEGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Wicomico; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury; LENGTH OF STAY (In this place) 29 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Somerset; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairmount; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) George (Middle) E (Last) Hall

4. DATE OF DEATH: (Month) Sept. (Day) 6 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify):

8. DATE OF BIRTH: Oct 15 1855

9. AGE last birthday: 85 yrs. If under 1 year: Months 11; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waterman

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John F. Hall

14. MOTHER'S MAIDEN NAME: Mary Muir

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs Bessie Hall

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial Infarction

17 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Adenocarcinoma of Prostate

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.):

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-8, 1957, to 9-6, 1957, that I last saw the deceased alive on 9-6, 1957, and that death occurred at 4:40 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Edward P. Smith M.D. ADDRESS: Salisbury Md Peninsula Gen Hospital DATE SIGNED: 9-6-57

23. BURIAL, CREMATION, REMOVAL (Specify): DATE THEREOF: Sept. 9 1951; NAME OF CEMETERY OR CREMATORY: Kelly Cemetery; LOCATION (City, town, or county) (State): Fairmount

DATE REC'D BY LOCAL REG. 9-6-57; REGISTRAR'S SIGNATURE: Mary W. Holloway

24. FUNERAL DIRECTOR: Harry B. Miles ADDRESS: Upper Fairmount, Md

MARYLAND STATE DEPARTMENT OF HEALTH

9288

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS P.H. Hoyt.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) 610 Poplar Hill Ave

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Henry (Last) Hastings
4. DATE OF DEATH: (Month) Sept. (Day) 25 (Year) 51

5. SEX Male — 6. COLOR OR RACE White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) — 8. DATE OF BIRTH Sept. 13 1914 — 9. AGE Last birthday 37 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mason — 10b. KIND OF BUSINESS OR INDUSTRY Canning — 11. BIRTHPLACE (State or foreign country) Salisbury Md — 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Wesley E. Hastings — 14. MOTHER'S MAIDEN NAME Lydia Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or Unknown) (If yes, give war or dates of service) No — 16. SOCIAL SECURITY NO. 2[illegible] — 17. INFORMANT Mrs. Carrie Hastings wife 610 Poplar Hill Ave Salisbury Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

983X — Immediate cause (a) Brain laceration — 3 days

8 — Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last: (b) sub dural hemorrhage — 3 days.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION 9-23-51 — 19b. MAJOR FINDINGS OF OPERATION Blood and brain tissue found — 20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) street — (CITY OR TOWN) Salisbury — (COUNTY) Wicomico — (STATE) Md

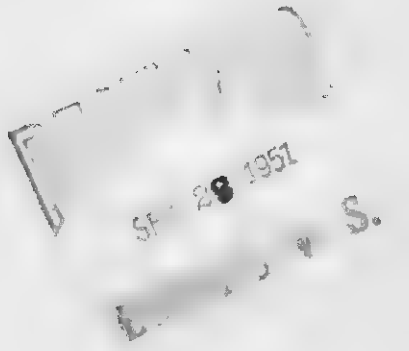
TIME OF INJURY (Month) 9 (Day) 23 (Year) 51 (Hour) 1 a.m. — INJURY OCCURRED ☐ While at work ☐ Not while at work ☑ — HOW DID INJURY OCCUR? struck by fend & fell & pope

22. *I certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☑, undetermined ☐.*

SIGNATURE L.A. Rademacher (Degree or title) MD — ADDRESS Salisbury Md — DATE SIGNED 9/29/51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Sept. 28-51 — NAME OF CEMETERY OR CREMATORY Parsons — LOCATION (City, town, or county) Salisbury — (State) Md

DATE REC'D BY LOCAL REG. 9-26-51 — REGISTRAR'S SIGNATURE Mary M. Holloway — 24. FUNERAL DIRECTOR [illegible] — ADDRESS Salisbury Md


1951
S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

09290

Reg. Dist. No. 232

Delaware

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Delmar.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Alice (Middle) (Last) Hearn.

4. DATE OF DEATH: (Month) September (Day) 23 (Year) 1951

5. SEX: Female. | 6. COLOR OR RACE: Colored. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed | 8. DATE OF BIRTH: Oct 23, 1891 | 9. AGE last birthday: 60 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10b. KIND OF BUSINESS OR INDUSTRY: None | 11. BIRTHPLACE (State or foreign country): Delaware | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: W. H. Taylor. | 14. MOTHER'S MAIDEN NAME: Sarah E. Hearn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: None | 17. INFORMANT AND ADDRESS: Clarence Hearn

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Diabetes mellitus, coma & Shock	unknown
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Arteriosclerosis	4 years
	(c)	Diabetes mellitus	unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None | 19b. MAJOR FINDINGS OF OPERATION: None | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): — | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): — | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 20, 19 5, to Sept 23, 19 5, that I last saw the deceased alive on Sept 22, 19 51, and that death occurred at 2:30 A.m., from the causes and on the date stated above.

SIGNATURE: Emma M. Larmore | (Degree or title) M.D. | ADDRESS Larmore, Del. | DATE SIGNED 9/24/51

23. BURIAL, CREMATION, REMOVAL (Specify): Buried | DATE THEREOF: Sept 26-1951 | NAME OF CEMETERY OR CREMATORY: Union Cem | LOCATION (City, town, or county) (State): Delmar Md.

DATE REC'D BY LOCAL REG. 9-24-51 | REGISTRAR'S SIGNATURE: Mary M. Holloway | 24. FUNERAL DIRECTOR: Brooks Funeral Home | ADDRESS: Salisbury Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

SFP
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 122

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury | LENGTH OF STAY (in this place) 8 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) Del. Avenue Ext

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Baby	Girl	Henry	Sept.	27	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White		9-26-51	New Born yrs.			8	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Maryland	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Gertrude Henry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
		Father - Del. Ave Ext

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Atelectasis, due to	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Prematurity	
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 9-26, 1951, to 9-27, 1951, that I last saw the deceased alive on 9-27, 1951, and that death occurred at 7:15 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Rivers Hanson MD	Salisbury, Md	9-27-51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	9-27-51	Peninsula General Hospital	Salisbury, Maryland.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9-27-51	Mary W. Moore Reg	Parsons Funeral Service	Salisbury, Md

Bibliotheca V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information fully. The correct is especially important. Physicians please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 2 mos & 26 dys
HOSPITAL OR INSTITUTION OR STREET ADDRESS Deer's Head State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne
STREET ADDRESS (If rural, give location) Prince Williams

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
George	Walter	Holland	Sept.	1	1957

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W		Jan. 1, 1861	90 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
unknown		Worcester Co, Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Thomas Holland	Mary Hall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
unknown		Hospital Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Arteriosclerotic Cardiovascular Disease	7 yrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
422.1 / 93d	(c) Generalized arteriosclerosis	years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Benign prostatic hypertrophy — 6 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Aug. 1, 1957, to Sept. 1, 1957, that I last saw the deceased alive on Sept. 1, 1957, and that death occurred at 4 P.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Axel G. Paar	MD	Deer's Head State Hosp, Salisbury, Md.	Sept. 1, 1957

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9-3-1957	Methodist Protestant	Snow Hill Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9-2-57	Virginia Hopkins	Leon R Wilson	Princess Anne, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Carroll So MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
LENGTH OF STAY (in this place) 5 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Ethel	[illegible]	Keck	9	18	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	Col.	Widow	unknown	50 (about) yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Home	Unknown	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT
	241-82889	Norman Keck

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage — 1 day

331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
83a (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 14th, 1951, to Sept 18th, 1951, that I last saw the deceased alive on Sept 18th, 1951, and that death occurred at 11:15 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Clinton Emrich	M.D.	Hebron Md	Sept 19-51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9-19-51	Anatomical Board	Baltimore

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9-19-51	Mary W. Holloway	Harper Funeral Home	Westminster, Md.

SEP 21 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-16

1. PLACE OF DEATH: COUNTY [illegible] MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
LENGTH OF STAY (in this place) [illegible]
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE [illegible] COUNTY [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) HARE (Middle) V (Last) HORSEMAN
4. DATE OF DEATH: (Month) Sept. (Day) 1 (Year) 19 51

5. SEX: MALE
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) [illegible]
8. DATE OF BIRTH: [illegible]
9. AGE last birthday: 71 yrs. If under 1 year: Months [illegible] Days [illegible] If under 24 hrs.: Hours [illegible] Min. [illegible]

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): [illegible] man
10b. KIND OF BUSINESS OR INDUSTRY: [illegible]
11. BIRTHPLACE (State or foreign country): [illegible] Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Perry A. Horseman
14. MOTHER'S MAIDEN NAME: [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) [illegible] (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. [illegible]
17. INFORMANT AND ADDRESS [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Lobar Pneumonia — Interval Between Onset and Death: 72 hours

X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) [illegible]
(c) [illegible]

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 30 Aug., 1951, to 1 Sept., 1951, that I last saw the deceased alive on 1 Sept., 1951, and that death occurred at [illegible] m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Richard N. Saunders M.D. | Pocomoke Md. | 3 Sept 51

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF 9-1-51 | NAME OF CEMETERY OR CREMATORY [illegible] | LOCATION (City, town, or county) [illegible] (State)

DATE REC'D BY LOCAL REG. 9-4-51 | REGISTRAR'S SIGNATURE Mary W. Holloway | 24. FUNERAL DIRECTOR C. T. Dennis | ADDRESS [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 43 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Deers Head State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lothian P. O.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Thomas (Middle) (Last) Johnson
4. DATE OF DEATH: (Month) 9 (Day) 19 (Year) 19 51
5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: 1886
9. AGE last birthday: 65 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Anne Arundel Co.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Johnson, Charles
14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval between onset and death: 2 yrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

(c).

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-7-51, 19..., to 9-19-51, 19..., that I last saw the deceased alive on 9-19-51, 19..., and that death occurred at 4 A. m., from the causes and on the date stated above.

SIGNATURE Robert Gore. (Degree or title) MD ADDRESS Salisbury Md DATE SIGNED 9-19-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 9-21-51
NAME OF CEMETERY OR CREMATORY Mt Hope Cem.
LOCATION (City, town, or county) Salisbury (State) Md

DATE REC'D BY LOCAL REG. 9-19-51
REGISTRAR'S SIGNATURE Mary W. Dilworth
24. FUNERAL DIRECTOR ADDRESS Tingle Funeral Home Crisfield Md

SEP 21 19
L V. S.

Dr. Mann

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A1

1. PLACE OF DEATH: COUNTY McCormic — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 308 Maryland Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Wic
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) 308 Maryland Ave

3. NAME OF DECEASED (Type or Print): (First) [illegible] (Middle) [illegible] (Last) [illegible]

4. DATE OF DEATH (Month) Aug. (Day) 2nd (Year) 51

5. SEX male | 6. COLOR OR RACE W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH 1-30- | 9. AGE last birthday 67 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired | 10b. KIND OF BUSINESS OR INDUSTRY [illegible] | 11. BIRTHPLACE (State or foreign country) Princess Anne Md. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME [illegible] | 14. MOTHER'S MAIDEN NAME [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or Unknown) N- (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS [illegible]

18. MEDICAL CERTIFICATION 308 Md. Ave. Salisbury Md.

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Valvular Heart Disease — Interval between Onset and Death 15 yrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — Interval between Onset and Death Unknown

(c)

4 hrs 92a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible], 1950, to Sept 2 51, that I last saw the deceased alive on Aug. 16 51, and that death occurred at 3.30 P m., from the causes and on the date stated above.

SIGNATURE Yours R Mann (Degree or title) MD | ADDRESS Salisbury Md | DATE SIGNED 9/4/51

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF 9-4-51 | NAME OF CEMETERY OR CREMATORY [illegible] | LOCATION (City, town, or county) [illegible] (State)

DATE REC'D BY LOCAL REG. 9-4-51 | REGISTRAR'S SIGNATURE Mary W. Holloway | 24. FUNERAL DIRECTOR [illegible] | ADDRESS [illegible]

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0290

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Wicomico — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
LENGTH OF STAY (in this place): 3 Wks
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Rainey Lee Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury Md
STREET ADDRESS (If rural, give location): Schumbaker Lane

3. NAME OF DECEASED (Type or Print): (First) FRIEDA (Middle) MARIE (Last) KIEFFER

4. DATE OF DEATH: (Month) 9 (Day) 14 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Feb 4, 1880

9. AGE last birthday: 71 yrs. — If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Charles Hanle

14. MOTHER'S MAIDEN NAME: Martha Stravicks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. Nicholas Kieffer — Salisbury Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Metastatic CA of Brain

1448 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) CA of Thyroid

55C (c)

INTERVAL BETWEEN ONSET AND DEATH:

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug, 1951, to Sept 14, 1951, that I last saw the deceased alive on Sept 12, 1951, and that death occurred at 1:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): William D Gray MD — ADDRESS: Salisbury Md — DATE SIGNED: 9/15/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 9/16/51 — NAME OF CEMETERY OR CREMATORY: Wicomico Memorial Park — LOCATION (City, town, or county) (State): Salisbury Maryland

DATE REC'D BY LOCAL REG. 9-16-51 — REGISTRAR'S SIGNATURE: Mary W. Holloway — **24. FUNERAL DIRECTOR**: Dewitt F. Johnson & George C. Hill II — ADDRESS: Salisbury

VS-4-13

RECEIVED
SEP 18 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 232

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY (in this place) day
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Thomas	J.	Lassitt	Sept.	10	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white	widower	Jan. 17, 1857	94 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Farmer.	Own Farm	Berlin Md	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George Lassitt	Anne Holloway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	no	Mrs. Walter Murphy Berlin Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Chron. Degenerative Myocarditis, c Anaemia - cert	3 yrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized atherosclerosis	15 yrs
	(c) Senility	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Eczema, Hyperemia, both Legs. — 10 yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from Jan ..., 1947, to Sept 10 ..., 1951, that I last saw the deceased alive on 10 Sept ..., 1951, and that death occurred at 11:45 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Hermann C. Robbins M.D.		Berlin, Maryland	11 Sept 51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	9/13/51	Buckingham	Berlin	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9-13-51	Mary W. Holloway	James D. Bunting	Berlin Md

RECEIVED
SEP 17 1951
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-AD

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09298

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico — STATE MARYLAND — LENGTH OF STAY (in this place)
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
HOSPITAL OR INSTITUTION OR STREET ADDRESS RD #1.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS RD #1. (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Henry (Last) Lewis
4. DATE OF DEATH: (Month) Sept. (Day) 23 (Year) 51

5. SEX male | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH June 6-1871 | 9. AGE Last Birthday 80 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter Farmer | 10b. KIND OF BUSINESS OR INDUSTRY Own Farm | 11. BIRTHPLACE (State or foreign country) Worcester Co. Md. | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Daniel Lewis | 14. MOTHER'S MAIDEN NAME Lizzie West

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS Mrs. Bessie Lewis (wife) RD #1. Salisbury Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma of face - Basal Cell — 4 yrs.

191X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 53
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... , 19..... , to ..... , 19..... , that I last saw the deceased alive on 9-23-51, 19..... , and that death occurred at 2.9. m., from the causes and on the date stated above.

SIGNATURE La L. Lewis M.D. (Degree or title) — ADDRESS Fruitland — DATE SIGNED 9-24-51

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF Sept. 25-51 | NAME OF CEMETERY OR CREMATORY M. P. Church cem. | LOCATION (City, town, or county) Fruitland (State) Md.

DATE REC'D BY LOCAL REG. 9-25-51 | REGISTRAR'S SIGNATURE Mary W. Holloway | 24. FUNERAL DIRECTOR Holloway & Salisbury Walter R. Holloway | ADDRESS Md.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

0929

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Eden
LENGTH OF STAY (in this place) 24 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Trinity Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury Md
STREET ADDRESS (If rural, give location) 207 West College Ave

3. NAME OF DECEASED (Type or Print): (First) Louise (Middle) Virginia (Last) Malone
4. DATE OF DEATH: (Month) 9 (Day) 7 (Year) 1951
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: May 28, 1913
9. AGE last birthday: 38 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waitress
10b. KIND OF BUSINESS OR INDUSTRY: Manager
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: James B. Hillis
14. MOTHER'S MAIDEN NAME: Jennie Spelling
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 212-10-0264
17. INFORMANT AND ADDRESS: Mrs Dentoner Hillsboro Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) gunshot wound of brain — instantly death

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

164 c. (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: None

19a. DATE OF OPERATION: None — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: woods — (CITY OR TOWN): near Salem — (COUNTY): Wicomico — (STATE): Md

TIME OF INJURY (Month) 9 (Day) 7 (Year) 51 (Hour) ? m. — INJURY OCCURRED While at work ☐ Not while at work ☑ — HOW DID INJURY OCCUR? shot self with gun

22. *I certify that I took charge of the remains described above, held an Autopsy ☐ Inspection ☑ Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐.*

SIGNATURE: [illegible] (Degree or title) MD — ADDRESS: 502 N Div Salisbury Md — DATE SIGNED: 9/9/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 9/10/51 — NAME OF CEMETERY OR CREMATORY: Parsons Cemetery — LOCATION (City, town, or county) (State): Parsons, [illegible]

DATE REC'D BY LOCAL REG. 9-10-51 — REGISTRAR'S SIGNATURE: Mary W. Holloway — 24. FUNERAL DIRECTOR: [illegible] — ADDRESS: Salisbury Md

George C. Hill Jr

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH
COUNTY Wicomico — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) 907 Stoll Street, rock Lane

3. NAME OF DECEASED (Type or Print): (First) Paul (Middle) ERNest (Last) Masimore
4. DATE OF DEATH (Month) (Day) (Year): September 7 1951
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: May 16, 1923
9. AGE last birthday: 28 yrs. (If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.)
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sheet Metal
10b. KIND OF BUSINESS OR INDUSTRY: Shipyard
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13. FATHER'S NAME: Millard Masimore
14. MOTHER'S MAIDEN NAME: Helen Lawson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown): Yes (If yes, give war or dates of service): WAR II
16. SOCIAL SECURITY NO.: 216 12 8049
17. INFORMANT AND ADDRESS: Mrs Mayme Masimore 907 Stoll St Balt.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral and Subarachnoid Hemorrhage — Interval Between Onset and Death: 8 hours

330X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Rupture of Aneurism of Left Middle Cerebral Artery

83a

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/6, 1951, to 9/7, 1951, that I last saw the deceased alive on 9/7/51, 19..., and that death occurred at 1:45 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Fred R. Granne M.D. | Salisbury Md | 9/7/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: Sept 11, 1951 | NAME OF CEMETERY OR CREMATORY: Baltimore National Cem | LOCATION (City, town, or county): Baltimore (State): Md.

DATE REC'D BY LOCAL REG. 9-8-51 | REGISTRAR'S SIGNATURE: Mary W. Holloway | 24. FUNERAL DIRECTOR: The Hill & Johnson Co. | ADDRESS: Salesbury Md.
George C. Hill II

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. ....

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Wicomico — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) Route #2. Quantico Road.

3. NAME OF DECEASED (Type or Print): (First) Robert (Middle) Box #2 (Last) McGrath.
4. DATE OF DEATH: (Month) September (Day) 22 (Year) 1951

5. SEX: Male. | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH: 9-22-51 | 9. AGE last birthday ... yrs. | If under 1 year: Months ... Days ... | If under 24 hrs.: Hours 3 Min. 13

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Robert Vernon McGrath.
14. MOTHER'S MAIDEN NAME: Margaret June Schenck.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Atelectasis — INTERVAL BETWEEN ONSET AND DEATH: 3 to 5 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Prematurity

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Second Twin

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/22, 1951, to 9/22, 1951, that I last saw the deceased alive on 9/22, 1951, and that death occurred at 7:15 p.m., from the causes and on the date stated above.

SIGNATURE: Rivers Hanson, MD (Degree or title) | ADDRESS: Salisbury, Md | DATE SIGNED: 9-24-51

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF: 9-24-51 | NAME OF CEMETERY OR CREMATORY: Peninsula General Hospital | LOCATION (City, town, or county) (State): Salisbury, Maryland

DATE REC'D BY LOCAL REG. 1-24-52 | REGISTRAR'S SIGNATURE: Mary M. Timmons | 24. FUNERAL DIRECTOR | ADDRESS: Parsons Funeral Home, Salisbury, Md.

1-1-2-1-1-4-1

V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 335

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Wicomico; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sharptown; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Wicomico; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sharptown; STREET ADDRESS (If rural, give location) P.O. Box 114

3. NAME OF DECEASED (Type or Print): (First) Andrew (Middle) W (Last) McLaughlin

4. DATE OF DEATH: (Month) 9 (Day) 30 (Year) 1951

5. SEX: M

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 8/4/1886

9. AGE last birthday: 65 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chauffeur

10b. KIND OF BUSINESS OR INDUSTRY: Private

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James McLaughlin

14. MOTHER'S MAIDEN NAME: Harriett McLaughlin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: 215-07-5931

17. INFORMANT AND ADDRESS: Clementine McLaughlin Sharptown

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

151 X — Immediate cause (a) Gastric Hemorrhage

46 — Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Gastric Carcinoma

(c)

INTERVAL BETWEEN ONSET AND DEATH

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov., 1950, to Sept 30, 1951, that I last saw the deceased alive on 9-28, 1951, and that death occurred at 3 P. m., from the causes and on the date stated above.

SIGNATURE W. Price Mann (Degree or title) M.D. ADDRESS Laurel, Del. DATE SIGNED 10/11/51

23. BURIAL, CREMATION / REMOVAL (Specify): Burial

DATE THEREOF: 10/4/51

NAME OF CEMETERY OR CREMATORY: Sharptown

LOCATION (City, town, or county) (State): Sharptown Md.

DATE REC'D BY LOCAL REG. 10/13/51

REGISTRAR'S SIGNATURE: Wallis G Mann

24. FUNERAL DIRECTOR: Emma D. Reese ADDRESS Seaford, Del

VSA 15

RECEIVED
OCT 16 1951
BUREAU V. S.

Film G136 Item 18, 9-24-51 ams

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09303

CERTIFICATE OF DEATH

Reg. Dist. No. 332

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. Form 1

1. PLACE OF DEATH: COUNTY Wicomico; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury; MARYLAND; LENGTH OF STAY in this place 2 months; HOSPITAL OR INSTITUTION OR STREET ADDRESS Deershead

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Wicomico; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury; STREET ADDRESS 302 Smith St. (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Alberta (Middle) Frances (Last) Mitchell

4. DATE OF DEATH: (Month) 9 (Day) 15 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: June 6, 1858

9. AGE last birthday: 93 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James E. Mitchell

14. MOTHER'S MAIDEN NAME: Lucella Frances Slemons

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bronchopneumonia. — Interval between onset and death: 24 hrs.

903.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Intertrochanteric Fracture, rt femur — 10 days

(c)

18a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic C-V-D. — 2

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) Acc.

PLACE (Home, farm, factory, street, OF INJURY office bldg., etc.) Hospital (CITY OR TOWN) DeersHead (COUNTY) Wic. Co. (STATE) Md.

TIME OF INJURY (Month) 9 (Day) 10 (Year) 51 (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? Slipped and fell in bathroom. (9-24-51-as)

22. I hereby certify that I attended the deceased from ....., 19....., to 9-15, 1951, that I last saw the deceased alive on 9-15-51, 19....., and that death occurred at 4:10 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Robert Stevenson MD ADDRESS Deershead. State Hosp. DATE SIGNED 9-15-51

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 9/18/51 | NAME OF CEMETERY OR CREMATORY Parsons Cemetery | LOCATION (City, town, or county) (State) Salisbury, Md.

DATE REC'D BY LOCAL REG. 9-16-51 | REGISTRAR'S SIGNATURE Mary M. Holloway

24. FUNERAL DIRECTOR ADDRESS: The Hill & Johnson Co. George C. Hill Jr

RECEIVED
SEP 18 1951
BUREAU V. S.

09342

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Wicomico — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hebron — LENGTH OF STAY (In this place) 9 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hebron
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) George (Middle) (Last) Mitchell
4. DATE OF DEATH: (Month) September (Day) 28 (Year) 19 51

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: June 14, 1915
9. AGE last birthday: 36 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stationary Boiler Fireman
10b. KIND OF BUSINESS OR INDUSTRY: Lumber
11. BIRTHPLACE (State or foreign country): Rhodesdale, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Howard Mitchell
14. MOTHER'S MAIDEN NAME: Mannie Collins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT: Tamsey Mitchell, Rhodesdale, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bullet wound of brain — Interval between onset and death: Sudden death

481X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
166 (b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Bullet wound of arm & chest — contributed to death

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): None — (CITY OR TOWN) Hebron — (COUNTY) Wicomico — (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour): 9 28 51 9:30 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Gun battle with friend

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☑, undetermined ☐.*

SIGNATURE: J. A. Rodemeyer — (Degree or title) MD — ADDRESS 502 N. Division St. Salisbury Md — DATE SIGNED 9/29/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Oct. 2, 1951 — NAME OF CEMETERY OR CREMATORY: Rhodesdale Cemetery — LOCATION (City, town, or county) (State): Rhodesdale, Maryland

DATE REC'D BY LOCAL REG. 10-1-51 — REGISTRAR'S SIGNATURE: Mary W. Holloway

24. FUNERAL DIRECTOR: J. J. Frampton and Son, Federalsburg, Md. — ADDRESS

VS-A15A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 332

(3114)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Wicomico — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — MARYLAND — LENGTH OF STAY (In this place) — HOSPITAL OR INSTITUTION OR STREET ADDRESS Main & Lake st

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Wicomico — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — STREET ADDRESS (If rural, give location) Main & Lake st

3. NAME OF DECEASED (Type or Print): (First) William — (Middle) Curtis — (Last) Morris

4. DATE OF DEATH: (Month) Sept. (Day) 2 (Year) 1957

5. SEX: M

6. COLOR OR RACE: Wh

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): M

8. DATE OF BIRTH: 4-30-1894

9. AGE last birthday: 63 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: R.F.D.

11. BIRTHPLACE (State or foreign country): West Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Curtis Morris

14. MOTHER'S MAIDEN NAME: Sarah Jane Fisher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs. Mary W. Holloway (Wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval between onset and death: Sudden

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — Interval between onset and death: several months

794a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Edna T. Fisher M.D. — (Degree or title) Deputy Medical Examiner — ADDRESS Salisbury, Md. — DATE SIGNED 9/29/57

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF 9-30-57 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, Town, or County) — (State)

DATE REC'D BY LOCAL REG. 9-29-57 — REGISTRAR'S SIGNATURE Mary W. Holloway — 24. FUNERAL DIRECTOR — ADDRESS

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Accomac; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Worcester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft Octorara St.; STREET ADDRESS (If rural, give location) Pocomoke City, Md.

3. NAME OF DECEASED (Type or Print): (First) Mc Kinley (Middle) (Last) Palmer

4. DATE OF DEATH: (Month) 9 (Day) 24 (Year) 1951

5. SEX: male

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug 2, 1922

9. AGE last birthday: 29 yrs. If under 1 year: Months; Days. If under 24 hrs: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Day Laborer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Mc Kinley Palmer

14. MOTHER'S MAIDEN NAME: Mc Ed Floyd

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): yes

16. SOCIAL SECURITY NO.: 215-18-4128

17. INFORMANT AND ADDRESS: Mc Kinley Palmer Pocomoke City, md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Gunshot wound of Brain — Interval between onset and death: 1 hour

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) None

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) of INJURY: — (CITY OR TOWN) New Church (COUNTY) Accomac (STATE) Va

TIME OF INJURY (Month) 9 (Day) 24 (Year) 51 (Hour) 3 9 m. INJURY OCCURRED While at work ☐ Not while at work ☑

HOW DID INJURY OCCUR? Shot by "Friend"

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection ☑ Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ___, accident ___, suicide ___, homicide ☑ undetermined ___.*

SIGNATURE: J A Blademuhr (Degree or title) M D ADDRESS Dept of Health Salisbury Md DATE SIGNED 9/24/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Sept 28/51 — NAME OF CEMETERY OR CREMATORY: Castille cemetery — LOCATION (City, town, or county) Castille, Va. (State)

DATE REC'D BY LOCAL REG.: 9-24-51 — REGISTRAR'S SIGNATURE: Mary M Hathaway — 24. FUNERAL DIRECTOR: Edgar Wisher — ADDRESS: New Church, Va.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Frederick — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS C.G. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Walkersville
STREET ADDRESS (If rural, give location) 1108 E. Second St.

3. NAME OF DECEASED (Type or Print): (First) Emma (Middle) Catherine (Last) Hilleary
4. DATE OF DEATH: (Month) Sept. (Day) 18th (Year) 51
5. SEX: male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: May 20-1881
9. AGE last birthday: 70 yrs.
If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Home Worker
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Frederick, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: (in town) Warren
14. MOTHER'S MAIDEN NAME: Annie Cole

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Mrs. Judith Grinder (1108 E. Second St. Fred. Md.)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion — 24 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis & Hypertension & Diabetes Mellitus

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1946, to 9/18, 1951, that I last saw the deceased alive on 9/16/51, 19, and that death occurred at 3:05 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Lloyd R. Grauer M.D. — ADDRESS: Salisbury, Md. — DATE SIGNED: 9/20/51

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF: 9-23-51. | NAME OF CEMETERY OR CREMATORY: Prospect Hill Cem. | LOCATION (City, town, or county) | (State)

DATE REC'D BY LOCAL REG. 9-20-51 | REGISTRAR'S SIGNATURE: Mary W. Holloway

24. FUNERAL DIRECTOR: Thos. F. Eyler, Jr. — ADDRESS: Fred. Md.

1951
BOARD V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Wicomico; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fruitland; LENGTH OF STAY (In this place) 84 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS MEDOWBRIDGE Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND; COUNTY Wicomico; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN FRUITLAND MD.; STREET ADDRESS (If rural, give location) MEDOWBRIDGE Rd.

3. NAME OF DECEASED (Type or Print): (First) JAMES (Middle) MORRIS (Last) POLLITT

4. DATE OF DEATH: (Month) 9 (Day) 16 (Year) 1951

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED

8. DATE OF BIRTH: MARCH 19, 1867

9. AGE last birthday: 84 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER

10b. KIND OF BUSINESS OR INDUSTRY: FARMER

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: JACOB POLLITT

14. MOTHER'S MAIDEN NAME: MADLINE MORRIS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT AND ADDRESS: ELMER POLLITT FRUITLAND

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Valvular Heart Disease — Interval Between Onset and Death: 20 yrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — 450.0 — 92d

(b) Arterio-Sclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/48 to 9/16/51, that I last saw the deceased alive on 9/14/51, and that death occurred at 12:30 p.m., from the causes and on the date stated above.

SIGNATURE: Elmer R Mann (Degree or title) MD ADDRESS Salisbury Md DATE SIGNED 9/17/51

23. BURIAL, CREMATION OR REMOVAL (Specify): BURIAL

DATE THEREOF: 9/18/51

NAME OF CEMETERY OR CREMATORY: FRIENDSHIP CEMETERY

LOCATION (City, town, or county) (State): MEDOWBRIDGE Md.

DATE REC'D BY LOCAL REG. 9-18-51

REGISTRAR'S SIGNATURE: Mary W. Holloway

24. FUNERAL DIRECTOR: The Hill & Johnson Co — George C Hill II

ADDRESS: Salisbury

VS-A 15

[illegible]
[illegible] V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Wicomico — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY (in this place) 4.5 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Dees Judd Tate Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pasadena
STREET ADDRESS (If rural, give location) Eastshore Road & 5th St.

3. NAME OF DECEASED (Type or Print): (First) Nathan (Middle) Lewis (Last) Pumphrey
4. DATE OF DEATH: (Month) Sept. (Day) 17 (Year) 1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W		Sept. 5 1873	78 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer - Richmond market
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Washington D. C.
12. CITIZEN OF WHAT COUNTRY: U. S. A.

13. FATHER'S NAME: John Pumphrey
14. MOTHER'S MAIDEN NAME: Katherine Lewis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Hospital Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Aleucemic Lymphadenosis — 2.5 yrs

204.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
74.6
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Urinary Tract infection — 2 weeks

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/4, 19 51, to 9/17, 19 51, that I last saw the deceased alive on Sept. 17, 19 51, and that death occurred at 11 32 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Asel C. Laar M.D.	Dees Judd State Hosp, Salisbury, Md.	9/17/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	Sept. 21-51	Staten Haven Cem.	Glenburnie Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9-19-51	Mary B. Holloway	Singleton Funeral Home	Glenburnie, Md.

VS-47

SEP 21 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 322

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY (in this place) 9 hrs 40 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mardela Springs
STREET ADDRESS (If rural, give location) Route 1

3. NAME OF DECEASED (Type or Print): (First) Levin (Middle) Raymond (Last) Roberts
4. DATE OF DEATH: (Month) (Day) (Year) September 27 19 51
5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): [illegible]
8. DATE OF BIRTH: Dec. 10, 1950
9. AGE last birthday: yrs. If under 1 year: Months 9 | Days 17 | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): infant
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): [illegible]
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Cather L. Roberts
14. MOTHER'S MAIDEN NAME: Pearl V. [illegible]
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Dehydration (severe) & Acidosis (severe) — unknown

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Dysentery — unknown

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 11 p.m., from the causes and on the date stated above.

SIGNATURE: Robert M. Hidey | (Degree or title) MD | ADDRESS Peninsula General Hospital | DATE SIGNED 9-28-51

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF sept 30, '51 | NAME OF CEMETERY OR CREMATORY [illegible] | LOCATION (City, town, or county) (State) [illegible]

DATE REC'D BY LOCAL REG. 9-29-51 | REGISTRAR'S SIGNATURE Mary W. Holloway | 24. FUNERAL DIRECTOR J.J. Trampton and son, undertaking parlors | ADDRESS 10-V-10 C.25 [illegible]

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY [redacted] WICOMICO MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SALISBURY
LENGTH OF STAY (In this place) 1 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS SPRING HILL Nursing HOME

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MARYLAND COUNTY WICOMICO
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN QUANTICO
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) ANNE (Last) ROBERTS

4. DATE OF DEATH: (Month) 9 (Day) 2 (Year) 1951

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) SINGLE

8. DATE OF BIRTH: MAY 15, 1865

9. AGE last birthday: 86 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): DESIGNER

10b. KIND OF BUSINESS OR INDUSTRY: CLOTHES

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN EDWARD Roberts

14. MOTHER'S MAIDEN NAME: CHARLOTTE E. WHITE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: MRS. G.R. Twiddy, QUANTICO MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial Insufficiency — Interval Between Onset and Death: 3½ yrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Heart Disease " "

420.1 93d

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb., 1948, to Sept. 2, 1951, that I last saw the deceased alive on Aug 30, 1951, and that death occurred at 6:15 a.m., from the causes and on the date stated above.

SIGNATURE AND (Degree or title) Richard Nelson M.D. ADDRESS Salisbury Md. DATE SIGNED Sept. 4, 1951

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | DATE THEREOF 9/4/51 | NAME OF CEMETERY OR CREMATORY ST PHILIPS CEMETERY | LOCATION (City, town, or county) QUANTICO (State) MD.

DATE REC'D BY LOCAL REG. 9-4-51 | REGISTRAR'S SIGNATURE Mary W. Holloway | 24. FUNERAL DIRECTOR AND ADDRESS THE HILL & JOHNSON CO SALISBURY MD. GEORGE C. HILL II

VS. A15

COPY

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 336

93311

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. 415

1. PLACE OF DEATH: COUNTY Wicomico — STATE MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mardela Rural — LENGTH OF STAY in this place Life
   HOSPITAL OR INSTITUTION OR STREET ADDRESS Delmar, Md. Rout 1

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Wicomico
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Delmar
   STREET ADDRESS (If rural, give location) Rout 1

3. NAME OF DECEASED (Type or Print): (First) Andrew (Middle) (Last) Leiby

4. DATE OF DEATH: (Month) 3 (Day) 22 (Year) 1951

5. SEX: Male — 6. COLOR OR RACE: Negro — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married — 8. DATE OF BIRTH: 7-10-1876 — 9. AGE last birthday: 75 yrs. — If under 1 year: Months 2, Days 12, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer — 10b. KIND OF BUSINESS OR INDUSTRY: Farming — 11. BIRTHPLACE (State or foreign country): Whitesville Del — 12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Andrew Leiby Sr — 14. MOTHER'S MAIDEN NAME: Mary Bishop

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): — (If yes, give war or dates of service): — 16. SOCIAL SECURITY NO.: — 17. INFORMANT AND ADDRESS: Sarah Leiby, Delmar, Del

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Uremic Coma — 2 dys

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

151 X
460

(b) Chronic Nephritis — about 8 yrs

(c) Carcinoma of Stomach with Metastasis to Liver — about 2 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Nothing to enter

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCoccur?

22. I hereby certify that I attended the deceased from Sept 20, 1950, to Mar 22, 1951, that I last saw the deceased alive on Mar 21, 1951, and that death occurred at 9 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Harrison M.D. Delmar Md 3-23-51

23. BURIAL, CREMATION / REMOVAL (Specify) — DATE 3-28-51 — NAME OF CEMETERY OR CREMATORY Union — LOCATION (City, town, or county) Wicomico — (State) Md

DATE REC'D BY LOCAL REG. 3-27-51 — REGISTRAR'S SIGNATURE Harry E. Hudson — 24. FUNERAL DIRECTOR — ADDRESS James A. Timmons, 413 Main St, Salisbury, Md

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09312

CERTIFICATE OF DEATH

Reg. Dist. No. 332

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Wicomico; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury; LENGTH OF STAY (in this place) Since 6/27/51; HOSPITAL OR INSTITUTION OR STREET ADDRESS Pine Bluff State Hospital Salisbury, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Dorchester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fishing Creek; STREET ADDRESS (If rural, give location) ✓

3. NAME OF DECEASED (Type or Print): (First) Mary; (Middle) Havertry; (Last) Simmons

4. DATE OF DEATH: (Month) Sept. (Day) 20 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Nov. 7, 1906

9. AGE last birthday: 44 yrs. If under 1 year: Months 10, Days 13, Hours, Min. If under 24 hrs.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Fishing Creek, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Samuel Tyler

14. MOTHER'S MAIDEN NAME: Susan Hooper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: ----

17. INFORMANT AND ADDRESS: Deceased on admission

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary Tuberculosis - Far Advanced	17 yrs.
X Antecedent cause(s)		
13b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 27, 1951, to Sept 20, 1951, that I last saw the deceased alive on Sept 19, 1951, and that death occurred at 3:15 a m., from the causes and on the date stated above.

SIGNATURE S. H. Bundick (Degree or title) M.D. ADDRESS Salisbury DATE SIGNED 9-20-51 Md.

23. BURIAL, CREMATION REMOVAL (Specify): [illegible] DATE [illegible] NAME OF CEMETERY OR CREMATORY [illegible] LOCATION (City, town, or county) [illegible] (State) [illegible]

DATE REC'D BY LOCAL REG. 9-20-51 REGISTRAR'S SIGNATURE Mary W. McCorray

24. FUNERAL DIRECTOR [illegible] ADDRESS [illegible]

VS-A15

RECEIVED
SEP 11 1951
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-4

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS P.B. Hoyt.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Wicomico; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury; STREET ADDRESS (If rural, give location) 1117. W. Main st.

3. NAME OF DECEASED (Type or Print): (First) Lorenzo (Middle) Washington (Last) Smith

4. DATE OF DEATH: (Month) Sept. (Day) 23 (Year) 51

5. [illegible] 6. COLOR OR RACE: White 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) 8. DATE OF BIRTH: March 3-1884 9. AGE last birthday: 67 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer 10b. KIND OF BUSINESS OR INDUSTRY: Farm 11. BIRTHPLACE (State or foreign country): Sussex Co. Del. 12. CITIZEN OF WHAT COUNTRY: U.S.

13. FATHER'S NAME: Frank Smith 14. MOTHER'S MAIDEN NAME: Mary Hester Donoway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT AND ADDRESS: [illegible] R.F.D. [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — 1117. W. Main St. Salisbury Md.

Immediate cause (a) Coronary occlusion — Interval between onset and death: ½ hour

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis, coronary and generalized — 94a

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 19 51, to Sept 29, 19 51, that I last saw the deceased alive on Sept 28th, 19 51, and that death occurred at 2:15 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Dale Soller, M.D. ADDRESS 303 East Street, Delmar, Del. DATE SIGNED 10-1-51

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF 10-2-51 | NAME OF CEMETERY OR CREMATORY [illegible] | LOCATION (City, town, or county) [illegible] (State) [illegible]

DATE REC'D BY LOCAL REG. 10-2-51 | REGISTRAR'S SIGNATURE Mary W. Holloway | 24. FUNERAL DIRECTOR [illegible] | ADDRESS [illegible]

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09314

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Wicomico; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pittsville; LENGTH OF STAY (In this place) 2 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS Pittsville

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND; COUNTY Wicomico; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pittsville; STREET ADDRESS (If rural, give location) Ocean City Blvd

3. NAME OF DECEASED (Type or Print): (First) KATHRYN (Middle) DAVIS (Last) STANLEY

4. DATE OF DEATH: (Month) 9 (Day) 12 (Year) 1951

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: FEB 16, 1912

9. AGE last birthday: 39 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NURSE

10b. KIND OF BUSINESS OR INDUSTRY: NURSE

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: CLARENCE C. DAVIS

14. MOTHER'S MAIDEN NAME: MARY BLANCHE BRATTEN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or Unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT AND ADDRESS: MR C. FRANK STANLEY PITTSVILLE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma & general metastasis — Interval between onset and death: 3 yrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last: (b) —

(c) —

170K

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: —

19a. DATE OF OPERATION: 1945 breast

19b. MAJOR FINDINGS OF OPERATION: adeno carcinoma left breast

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug, 1949, to Sept 7 death, 1951, that I last saw the deceased alive on Sept 12, 1951, and that death occurred at 3 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Frank Lewis M.D. ADDRESS: Willards Maryland DATE SIGNED: 9-12-51

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE THEREOF: 9/14/51 — NAME OF CEMETERY OR CREMATORY: PITTSVILLE CEMETERY — LOCATION (City, town, or county) (State): PITTSVILLE MARYLAND

DATE REC'D BY LOCAL REG.: 9-14-51 — REGISTRAR'S SIGNATURE: Mary W. Mallory

24. FUNERAL DIRECTOR: THE Hill & JOHNSON Co — ADDRESS: SALISBURY, Md.

George C Hill II 058869

RECEIVED
SEP 17 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

9315

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Wicomico — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury. — LENGTH OF STAY (in this place) D.O.A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fruitland
STREET ADDRESS (If rural give location) Washington St

3. NAME OF DECEASED (Type or Print): (First) Brenda (Middle) Joyce (Last) Stevens
4. DATE OF DEATH: (Month) (Day) (Year) September 10 19 51

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	Colored		8-24-'50	1 yrs.	0	16		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None	None	P.G. Hospital Salisbury, Md.	

13. FATHER'S NAME: Robert Stevens
14. MOTHER'S MAIDEN NAME: Pecole Polk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no — no	none	Robert Stevens, Fruitland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Aspiration of Vomitus — minutes

921.0 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) — (c)

195d

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. Dehydration — weeks

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none	—	Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
none m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Kendrick McCullough	M.D.	Parsonsburg Md.	Sept. 11, 1951

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	9-13-'51	Mt. Olive Cemetery	Fruitland, Wicomico Co.	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9-12-51	Mary M. Twilley	James B. Dashiell	Salisbury md

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY (in this place) 10 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 110 W. Chestnut

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Wico.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) 110 W. Chestnut

3. NAME OF DECEASED (Type or Print): (First) David (Middle) HAIRD (Last) Todd

4. DATE OF DEATH: (Month) 9 (Day) 12 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: Nov 21, 1888

9. AGE last birthday: 62 yrs. If under 1 year: Months 10 Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Edward N. Todd

14. MOTHER'S MAIDEN NAME: Annie Vincent

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): W.W. I

16. SOCIAL SECURITY NO.: 217-16-9474

17. INFORMANT AND ADDRESS: Mrs. E. D. Bailey

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage

443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension and Arteriosclerotic

322L (c) Cardiovascular Disease

INTERVAL BETWEEN ONSET AND DEATH: less than 1 day / years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCoccur?

22. I hereby certify that I attended the deceased from Sept 12, 1951, to ....., 19....., that I last saw the deceased alive on Sept 12, 1951, and that death occurred at ..... a.m., from the causes and on the date stated above.

SIGNATURE: Kendrick McCullough M.D. (Degree or title) ADDRESS Cartersburg Md. DATE SIGNED Sept. 12, 1951

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 9/14/51 — NAME OF CEMETERY OR CREMATORY: Parsons Cemetery — LOCATION (City, town, or county): Salisbury — (State): Md.

DATE REC'D BY LOCAL REG.: 9-14-51 — REGISTRAR'S SIGNATURE: Maynard Holloway

24. FUNERAL DIRECTOR: H. H. Hall & Johnson — ADDRESS: George C. Hill

MARGIN RESERVED FOR PRINTING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS: A15

RECEIVED
SEP 17 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH
COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury, Md
LENGTH OF STAY (If in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stockton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Burbley (Middle) (Last) Trader

4. DATE OF DEATH (Month) September (Day) 22 (Year) 1957

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH 1896

9. AGE last birthday 55 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waiman

10b. KIND OF BUSINESS OR INDUSTRY Sinepuxent Bay

11. BIRTHPLACE (State or foreign country) Hallwood, Va.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Raymond J. Trader

14. MOTHER'S MAIDEN NAME Martha Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World War I

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS Mr R. J. Trader Stockton, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiac decomp.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic C-V Disease

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 21, 1957, to Sept 22, 1957, that I last saw the deceased alive on Sept 22, 1957, and that death occurred at 10:35 AM m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

William D. Gray MD Salisbury Md 9/22/57

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Sept 24 1957

NAME OF CEMETERY OR CREMATORY Trader

LOCATION (City, town, or county) Stockton (State) Md

DATE REC'D BY LOCAL REG. 9-24-57

REGISTRAR'S SIGNATURE Mary D. Holloway

24. FUNERAL DIRECTOR Allen B. Dennis Snow Hill, Md ADDRESS

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

28 1951

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 222

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Allen
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Wilson (Middle) Oliver (Last) Travers

4. DATE OF DEATH: (Month) September (Day) 22 (Year) 19 51

5. SEX: Male

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: Sept-16, 1951

9. AGE last birthday: yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: George Alexandra Travers.

14. MOTHER'S MAIDEN NAME: Mary Emma Godsea.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Mary Emma Travers

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Kernicterus — Interval Between Onset and Death: unknown

770.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

161.2 (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-21-, 1951, to 9-22-, 1951, that I last saw the deceased alive on 9-22-, 1951, and that death occurred at 12 20 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Alberta W. Kline, M.D. Salisbury, Maryland 9/24/51

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF 9-23-51 — NAME OF CEMETERY OR CREMATORY Family Cemetery — LOCATION (City, town, or county) (State) Allen, Md

DATE REC'D BY LOCAL REG. 9-21-51 — REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR ADDRESS Mary Emma Travers Allen, Md

(Parish) 20916120 2363 —

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Quantico Rd
LENGTH OF STAY (in this place) 7 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Salisbury

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) Quantico Rd.

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Holloroug (Last) Vaughn

4. DATE OF DEATH (Month) 9 (Day) 20 (Year) 1951

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Nov. 21, 1861

9. AGE last birthday 89 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Captain

10b. KIND OF BUSINESS OR INDUSTRY Marine

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Unknown

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or Unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS Mrs. Martha W. Vaughn

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Valvular Heart Disease — Interval between onset and death: 1941

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — 1936

450.0 9.1

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Enlarged Prostate Gland Unknown

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept., 1950, to Sept. 20 51, that I last saw the deceased alive on Sept 15 51, and that death occurred at 5:10 p.m., from the causes and on the date stated above.

SIGNATURE Hiram R Mann (Degree or title) M.D. ADDRESS Salisbury Md DATE SIGNED 9/21/51

23. BURIAL, CREMATION or REMOVAL (Specify) Burial

DATE THEREOF 9/22/51

NAME OF CEMETERY OR CREMATORY Silloam Cemetery

LOCATION (City, town, or county) Silloam (State) Md

DATE REC'D BY LOCAL REG. 9-22-51

REGISTRAR'S SIGNATURE Mary M. Holloway

24. FUNERAL DIRECTOR The Hill & Johnson Co. ADDRESS Burgess C. Hill

VSA13

RECEIVED
SEP 25 1
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

D Gilmore

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pocomoke.
STREET ADDRESS (If rural, give location): Route 2

3. NAME OF DECEASED (Type or Print): (First) Florence (Middle) (Last) Waters

4. DATE OF DEATH: (Month) September (Day) 13 (Year) 19 51

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):

8. DATE OF BIRTH: Mar. 16, 1879

9. AGE last birthday: 72 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Vincent A. Waters

14. MOTHER'S MAIDEN NAME: Annie Murray

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY No.: —

17. INFORMANT AND ADDRESS: Edith Waters - Pocomoke, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Uremia

442 X 61 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Nephrosclerosis

(c) Diabetes Mellitus

INTERVAL BETWEEN ONSET AND DEATH: (a) 2 weeks (b) Symptoms 2 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Hypertension, Essential

19a. DATE OF OPERATION | **19b. MAJOR FINDINGS OF OPERATION** | **20. AUTOPSY?** Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While at Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 5, 1951, to Sept 13, 1951, that I last saw the deceased alive on Sept 12, 1951, and that death occurred at 11:15 p. m., from the causes and on the date stated above.

SIGNATURE: Richard Bloom (Degree or title) M.D. ADDRESS: Salisbury Md. DATE SIGNED: Sept 15 1951

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9-16-51	Unionville Cem.	Pocomoke - Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9-19-51	Mary W. Holloway	Edgar Wharton	New Church, Va.

VS-A15

RECEIVED
SEP 21 19[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

09321

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Delaware — COUNTY Sussex
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dagsboro
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Ellen		West	September 16 1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	Colored	Single	11-5-1915	36 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House Maid		Parsonsburg Md	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
unknown	Elizabeth Lucas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		Bessie Lucas

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
822.5 Immediate cause	(a) Ruptured Liver & Spleen	7 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
170.2	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Bruised Fractured Ribs - Rt. Left	7 days

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
	Highway	near Salisbury	Wicomico	Md

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☑	HOW DID INJURY OCCUR?
9 9 51 12 05 a.m.		Car she was driving ~~turned over~~ Turned Over

22. *I certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
LaRademaker M.D.	Salisbury Md	9/16/51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9-20-51	Glass Hill Gem	Parsonsburg Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9-17-51	Mary W. Holloway	Booker M Lewis	

VS. A16A

RECEIVED
SEP 19 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09322

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A-1

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY (In this place) 57 yrs. — HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Hill Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Wicomico — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — STREET ADDRESS (If rural, give location) Spring Hill Rd.

3. NAME OF DECEASED (Type or Print): (First) ELIZABETH (Middle) WALLER (Last) WILLIAMS

4. DATE OF DEATH: (Month) 9 (Day) 24 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: June 26, 1879

9. AGE last birthday: 72 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Thomas Waller

14. MOTHER'S MAIDEN NAME: Mary A. Mitchell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. Ralph W. Roswell. Spring Hill Rd Salisbury.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Heart Failure.

442X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Myocarditis

131a (c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic condition of Kidneys. " " " Brain.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August 15 19 51, to Sept 24 19 51 that I last saw the deceased alive on Sept 23 19 51 and that death occurred at 1:30 A m. from the causes and on the date stated above.

SIGNATURE Carrie L Means — (Degree or title) MD — ADDRESS 213 N Church St Salisbury — DATE SIGNED 9/25/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 9/26/51 — NAME OF CEMETERY OR CREMATORY Parsons Cemetery — LOCATION (City, town, or county) Salisbury (State) Md.

DATE REC'D BY LOCAL REG. 9-26-51 — REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR The Hill & Johnson Co — ADDRESS Salisbury — George C Hill Jr

RECEIVED
SEP 28 1951
BUREAU V. S.